

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

09/857481

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2									
3									
4									
5									
6									
7									
8									
9	1								
10		1							
11			1						
12				1					
13				1					
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50									
TOTAL IND.		↓	2	↓		↓		↓	
TOTAL DEP.		←	8	←		←		←	
TOTAL CLAIMS			10						
51									
52									
53									
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100									
TOTAL IND.		↓		↓		↓		↓	
TOTAL DEP.		←		←		←		←	
TOTAL CLAIMS									

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
Patrol Stage Processing
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